#### **SEMINAR**

ON

## ACUPRESSURE THERAPY FOR LIFESTYLE DISEASES ORGANISED BY

# THE HEALTH CENTRE SUB -COMMITTEE, KALYANI MAHAVIDYALAYA IN ASSOCIATION WITH

KOLKATA ACADEMY OF ACUPRESSURE AND MICROPUNCTURE DATE: 13/3/2020



# ACUPRESSURE THERAPY FOR LIFESTYLE DISEASES





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THE HEALTH CENTRE SUB -COMMITTEE, KALYANI MAHAVIDYALAYA
IN ASSOCIATION WITH
KOLKATA ACADEMY OF ACUPRESSURE AND MICROPUNCTURE



DATE: 13/3/2020

Venue: Kalyani Mahavidyalaya, Room no 306









Mobile : 7980983720

### KOLKATA ACADEMY OF ACUPRESSURE & MICROPUNCTURE

128, Block – A, Bangur Avenue, KOLKATA – 700055.

| Ref. S | Va.:   | Date : 06/03/202 |
|--------|--|------------------|
| į.     | To, The Principal,   |                  |
|        | Kalyani Mahavidyalay,  |                  |
|        | Sub.: An awareness programme on Acurpressure   | Therapy.         |
|        | Sir / Madam,   |                  |
|        | With due respect I bring to your kind notice that we would like to conduct a small lecture-demonstration (free of cost) on Acupressure Therapy — a treatment of curing any kind of nerve related disorder and lifestyle diseases without any medicine and any side effect. |                  |
|        | Topic will cover B.P., Diabetes, Gastric-acidity, Astham Body-ache, Thyroid and any kind of joint pains.   | a, Spondylosis,  |
|        | Therefore, we request you to arrange your staff for der<br>1 hour which will be highly beneficial for them as well as th   |                  |
|        | We are expecting helping hand and prompt support fro   | m your side.     |
| •      | Thanking you,  |                  |
|        | You <b>j</b> ş f   | aithfully,       |
|        | Date of Demonstration :  |                  |
|        | Time of Demonstrati  | 1 1/2 2.         |